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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P37964 (4)
 1. Corporation Name
SYSCOMM, INC.



Principal Place of Business: **8649 N. HIMES AVE. SUITE 807 TAMPA FL 33614 US**
 Mailing Address: **8649 N. HIMES AVE SUITE 507 TAMPA FL 33614-8361 US**

3. Date Incorporated or Qualified: **03/17/1992**
 3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: **21 2401 Morrison Ave**
 Suite, Apt. #, etc.: **22 SUITE 213**
 City & State: **23 TAMPA FL**
 Zip: **24 33629** Country: **25 USA**
 2a. Mailing Address: **26 2401 Morrison Ave**
 Suite, Apt. #, etc.: **27 SUITE 213**
 City & State: **28 TAMPA FL**
 Zip: **29 33629** Country: **30 USA**

4. FET Number: **23-2611545**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ENSLIN, CHARLES
8649 N. HIMES AVE.
SUITE 507
TAMPA FL 33614

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): **2401 MORRISON AVE**
 83 **APT 213**
 84 City: **TAMPA** FL 85 Zip Code: **33629**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: C. Enslin (NOTE: Registered Agent signature required when reinstating) DATE: **MAR 25, 1997**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	C	<input type="checkbox"/>
NAME	ENSLIN, CHARLES W.	
STREET ADDRESS	8649 N. HIMES AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PSY	<input type="checkbox"/>
NAME	ENSLIN, CHARLES W.	
STREET ADDRESS	8649 N. HIMES AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	2401 Morrison Ave #213		
1.4 CITY-ST-ZIP	1 33629		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	2401 Morrison Ave #213		
2.4 CITY-ST-ZIP	33629		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. Enslin

CR2E034 (9/96)